

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Scott Keith Henderson MD

Mailing Address 325 Blandford Dr

City

Worthington

State

OH

Zip Code

43085-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Physician Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.6279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Thomas Hoback MD

Mailing Address 7702 Normandy Ln

City

Centerville

State

OH

Zip Code

45459-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center-Med Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2015

Transaction ID : SA11AI.6244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark Eugene Hostettler MD

Mailing Address 921 Dogwood Trl

City

Alliance

State

OH

Zip Code

44601-5299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Internal Medicine Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 15 / 2015

Transaction ID : SA11AI.6188

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00